

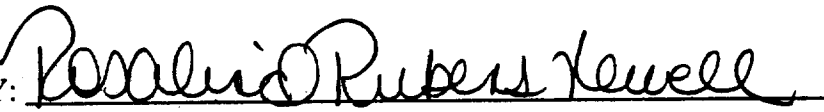
Entered - 07/09/01 - sb  
CL01L0423 - DIANNE C. MITCHELL

01-*B*-1203

CLAIM OF: **HEATHER BERMAN,**  
through her insurance carrier,  
**Progressive Insurance Company**  
**P. O. Box 89440**  
**Cleveland, Ohio 44101-6440**

For damages alleged to have been sustained as a result of a vehicular accident on December 8, 2000 at Interstate 75/85 and Peachtree Battle Avenue.

THIS ADVERSED REPORT IS APPROVED

BY:   
**ROSALIND RUBENS NEWELL**  
**DEPUTY CITY ATTORNEY**

# Progressive

P. O. Box 89440  
Cleveland, OH  
44101-6440  
Progressive.Com

REC'D July 6, 2001  
P.C. P. W. R. Rutledge  
CLEAN'S OFFICE

Date: June 5, 2001

COMPANY: Atlanta City Council Municipal Clerk

ADJUSTER: Dianne Mitchell

ENTERED - 7-9-01 - SB  
01L0423 - DIANNE MITCHELL

FAX NUMBER: \_\_\_\_\_

OUR INSURED: Heather Berman

OUR CLAIM NUMBER: 005 701 327 -

DATE OF LOSS: December 8, 2000

YOUR INSURED: Robert Howard (driver of city vehicle)

YOUR CLAIM/POLICY NUMBER: UNKNOWN

TOTAL SUBRO BALANCE: 8,740.00

(THIS FIGURE INCLUDES OUR INSURED'S 500 DEDUCTIBLE)

Please take this as formal notice of our subrogation rights with regards to the above captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Please make your draft payable to "Progressive Insurance, as subrogee of Heather Berman" in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. I have diaried my file ahead fifteen (15) days.  
Thanks you for your anticipated, prompt attention to this matter.

Progressive Insurance Company

Kim Ratliff  
Subrogation Representative  
1-877-818-0139, Ext. 65814  
Enclosures

Pages:

01- R-1203

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0423

Date: July 19, 2001

Claimant /Victim HEATHER BERMAN  
BY: (Ins. Co.) Progressive Insurance Company  
Address: P. O. Box 89440, Cleveland, Ohio 44101-6440  
Subrogation: X Claim for Property damage \$ 8,740.60 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 07/06/01 Method: Written, proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 12/08/00 Place: Interstate 75/85 and Peachtree Battle Avenue  
Department Public Works Division: \_\_\_\_\_  
Employee involved Robert E. Lee Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges that the driver of the City vehicle caused a vehicular accident with her and another vehicle. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

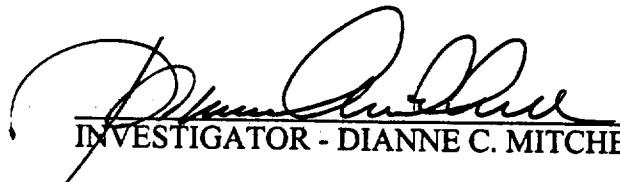
INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months X Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 X 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 07-19-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_